Ruth L. Easley, Commissioner 55 W. Church Street, Room 101 Mailing Address: P.O. Box 1222 Martinsville, VA 24114-1222



Telephone: (276) 403-5131 Fax: (276) 403-5337 Hours: 8:30 a.m. to 5:00 p.m. www.ci.martinsville.va.us/CommRev

Office of the Commissioner of the Revenue

Taxpayer ID (SSN or Fed ID)

PLEASE RETURN VEHICLE VERIFICATION FORM BY MAY 1, 2015

OWNER NAME SECONDARY OWNER ADDRESS 1 ADDRESS 2 CITY, STATE ZIP

Account Number	
Customer Number	

Co-Owner ID (SSN or Fed ID)

Were you a resident of Martinsville on January 1 st ? □ Yes □ No if no, give date moved from Martinsville	Vehicle location and/or address change: Vehicle Location Street Address: City, State, Zip Code:		
Date and change address information at right. RETURN FORM TO AVOID LATE FILING PENALTIES BY MAY 1. 2015.	Your Mailing Address if different than Vehicle Location Street Address Address:		
I certify that the information (or the corrected information) on this form is correct.	City, State, Zip Code:		
Signature Date NOTE: Executors, administrators, trustees and other fiduciaries must also supply requested information.	E-mail:		

2015 CITY OF MARTINSVILLE VEHICLE VERIFICATION FORM

Our tax records indicate that you owned the vehicles listed below on or before January 1, 2015. If <u>any</u> of the information is missing or incorrect, you <u>must</u> list the changes below, sign and date the form, and return it to our office, either by mail, fax, or in person by <u>May 1, 2015</u> to **AVOID LATE FILING PENALTIES.** Vehicles that are not currently registered at DMV are still subject to local taxation and <u>must</u> be listed. If you have sold, traded or junked a vehicle you <u>must</u> also notify DMV of the disposal.

Date Sold	Year	Make	Model	Description	License Plate	Vehicle ID Number	Vehicle Use Personal (P) Business (B)